# **EXHIBIT 1**

| PART I: CLARWING PARTY INFORMATION                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME:                                                                                                                | e pouvous proprincipal participal de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| STATE OF WASHINGTON  Name of individual claimant (first, middle and last name) or business claimant                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| SOCIAL SECURITY NUMBER (Individual Claimants):  [last four digits of SSN]  F.E.I.N. (Business Claimants)  91-6001060 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Other names by which claiming party has been known (such as maiden name or married name):                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (Such as marter name):                                                                                               | ТТТТ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| First MI Last                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| First MI Last                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| GENDER:   MALE   FEMALE                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Mailing Address:                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NETWOOD BEING OF BRIDE BY A STORY OF STORY                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Street Address  GENERAL, HIGHWAYS LICENSE BLDG,                                                                      | FL.7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                      | 8504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| siate Zif                                                                                                            | p Code<br>ostal Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Country                                                                                                              | <i></i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| PART 2: ATTORNEY INFORMATION                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The claiming party's attorney, if any (You do not need an attorney to file this form):                               | STATE STATE OF THE |
| Law Firm Name:                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NESS MOTLEY P.A.                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name of Attorney:                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| EDWARD B COTTINGHAM JR. First MI Last                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Mailing Address:                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 28 BRIDGESIDE BOULEVARD Street Address                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| MT. PLEASANT                                                                                                         | 9464                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| State Zip                                                                                                            | Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| / <del>[                                   </del>                                                                    | ostal Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| (843) 216 - 9148  Area Code                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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|     | PART'3: PROPERTY INFORMATION                                                                                                                                            |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| À.  | Real Property For Which A Claim Is Being Asserted                                                                                                                       |
| 1.  | What is the address of the real property for which a claim is being asserted (referred to herein as "the property")?  WSU DANA HALL, BLDG #0056, SPOKANE STREET         |
|     | Street Address                                                                                                                                                          |
|     | PULLMAN WA 99164 City State Zip Code                                                                                                                                    |
|     | USA (Province) (Postal Code) Country                                                                                                                                    |
| 2.  | Are you completing an Asbestos Property Damage Proof of Claim Form for any other real property other than the one listed at "1" above?                                  |
|     | ▼ Yes □ No                                                                                                                                                              |
| 3.  | Do you currently own the property listed in Question 1, above?  Yes \( \subseteq No \)                                                                                  |
| 4.  | When did you purchase the property? $ \underbrace{01}_{Month} - \underbrace{01}_{Day} - \underbrace{1949}_{Year} $                                                      |
| 5.  | What is the property used for (check all that apply)  Owner occupied residence Residential rental Commercial Industrial Specify:  Cother Specify:  ACADEMIC INSTRUCTION |
| 6.  | How many floors does the property have? 004                                                                                                                             |
| 7.  | What is the approximate square footage of the property? 000090023                                                                                                       |
| 8.  | When was the property built?  ☑ Before 1969 ☐ 1969 - 1973 ☐ After 1973                                                                                                  |
| 9.  | What is the structural support of the property?  Wood frame Structural concrete Brick Steel beam/girder Other Specify:                                                  |
| 10. | Have you or has someone on your behalf completed any interior renovations on the property which affected any asbestos on the property?                                  |
|     | □ Yes ☑ No                                                                                                                                                              |

9276102

| A.            | Real Property For Which A Claim Is Being Asserted (continued)                                                                                                                  |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|               | If yes, please specify the dates and description of such renovations.                                                                                                          |
|               | Description SEE EXPLANATION Year                                                                                                                                               |
|               | Year Description                                                                                                                                                               |
|               | Year Description                                                                                                                                                               |
| 11.           | To the best of your knowledge, have any other interior renovations been completed on the property during any other period of time which affected any asbestos on the property? |
|               | Yes No If yes, please specify the dates and descriptions of such renovations.                                                                                                  |
|               | Year Description                                                                                                                                                               |
|               | Year Description                                                                                                                                                               |
|               | Year Description                                                                                                                                                               |
| В.            | Claim Category                                                                                                                                                                 |
| 12.           | For which category are you making a claim on the property?                                                                                                                     |
|               | ☑ Category 1: Allegation with respect to asbestos from a Grace product in the property                                                                                         |
|               | ☐ Category 2: Allegation with respect to one of Grace's vermiculite mining, milling or processing operations                                                                   |
| 24.5 A.C. (C) | f you checked Category 1 in question 12, complete section C.<br>f you checked Category 24n question 12, complete section D.                                                    |
| C.            | Category 1 Claim: Allegation With Respect To Asbestos From A Grace Product In The Property                                                                                     |
| 13.           | For what alleged asbestos-containing product(s) are you making a claim?                                                                                                        |
|               | □ Monokote-3 fireproofing insulation  © Other Specify: ∇○N○T.TTF ACOIICTICAT DIACTIC                                                                                           |
|               | (For a list of the brand names under which Grace manufactured products that may have contained commercially added                                                              |
|               | asbestos, see Exhibit 2 to the Claims Bar Date Notice provided with this Proof of Claim Form.)                                                                                 |
| 14.           | When did you or someone on your behalf install the asbestos containing product(s) in the property?                                                                             |
|               | Year I did not install the product(s)                                                                                                                                          |
| 15.           | If you or someone on your behalf did not install the asbestos containing product(s), to the best of your knowledge, when was/were the product(s) installed?                    |
|               | Year I Don't know.                                                                                                                                                             |

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| 10. | Do you have documentation relating to the purchase and/or installation of the product in the property?                                                                                                                                                                                                                                                                                                                          |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | ☐ Yes ② No                                                                                                                                                                                                                                                                                                                                                                                                                      |
|     | If Yes, attach all such documents. If the documents are too voluminous to attach, attach a summary of the documents indicating the name of each document, date of each document, a brief description of the document, the location of the document, and who has possession and control of the document.                                                                                                                         |
|     | If you provide a summary of documents rather than the documents themselves, you are required to consent to the production and release of those documents to Grace upon Grace's further request.                                                                                                                                                                                                                                 |
| 17. | If you do not have any such documents, explain why not and indicate who may have possession or control of such documents with respect to the property.                                                                                                                                                                                                                                                                          |
|     | THIS RESPONSE WILL BE SUPPLEMENTED ONCE DOCUMENTS ARE LOCATED                                                                                                                                                                                                                                                                                                                                                                   |
| 18. | When did you first know of the presence of asbestos in the property of the Grace product for which you are making this claim?  1986  Year  Please attach all documents relating or referring to the presence of asbestos in the property for which you are making this claim.                                                                                                                                                   |
|     | If the documents are too voluminous to attach, attach a summary of the documents indicating the name of each document, date of each document, a brief description of the document, the location of the document, and who has possession and control of the document.  If you provide a summary of documents rather than the documents themselves, you are required to consent to the production and release of these documents. |
| 10  | release of those documents to Grace upon Grace's nurther request.                                                                                                                                                                                                                                                                                                                                                               |
| 19. | How did you first learn of the presence of asbestos in the property of the Grace product for which you are making this claim?                                                                                                                                                                                                                                                                                                   |
|     | WHEN TESTING VARIOUS LOCATIONS FOR ASBESTOS                                                                                                                                                                                                                                                                                                                                                                                     |
| 20. | When did you first learn that the Grace product for which you are making this claim contained asbestos?  2003  Year                                                                                                                                                                                                                                                                                                             |
| 21. | How did you first learn that the Grace product for which you are making the claim contained asbestos?                                                                                                                                                                                                                                                                                                                           |
|     | WHEN ADVISED OF PENDING BANKRUPTCY                                                                                                                                                                                                                                                                                                                                                                                              |
| 22. | Have you or someone on your behalf made an effort to remove, contain and/or abate the Grace product for which you are making this claim?  Yes No                                                                                                                                                                                                                                                                                |
|     | If Yes, attach all documents relating or referring to such efforts. If the documents are too voluminous to attach, attach a summary of the documents indicating the name of each document, date of each document, a brief description of the document, the location of the document, and who has possession and control of the document.                                                                                        |
|     | If you provide a summary of documents rather than the documents themselves, you are required to consent to the production and release of those documents to Grace upon Grace's further request.                                                                                                                                                                                                                                 |
| 23. | If you do not have any such documents, explain why not and indicate who may have possession and control of such documents with respect to the property.                                                                                                                                                                                                                                                                         |
|     | SEE ATTACHED EXPLANATION                                                                                                                                                                                                                                                                                                                                                                                                        |
| 24. | If you or someone on your behalf did not make an effort to remove, contain and/or abate the Grace product(s) for which you are making a claim, to the best of your knowledge, did anyone else make such an effort?                                                                                                                                                                                                              |
|     | ☐ Yes ► No                                                                                                                                                                                                                                                                                                                                                                                                                      |

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| _   |                                                                                                                                                                                                                                                            |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | If you responded Yes to question 22. or 24. and you have not supplied documents, please specify the dates and descriptions of any such efforts.                                                                                                            |
|     | Description N/A                                                                                                                                                                                                                                            |
|     | Year                                                                                                                                                                                                                                                       |
|     | Description                                                                                                                                                                                                                                                |
|     | Year                                                                                                                                                                                                                                                       |
|     | Year Description                                                                                                                                                                                                                                           |
| 26. | Have you or anyone on your behalf ever conducted any testing or sampling for the presence of asbestos or other particulates in the property?                                                                                                               |
|     | Yes No If Yes, Attach All Documents Related Possary Perfling Of The Reoperty.                                                                                                                                                                              |
| 27. | If you responded Yes to question 26., but you have not provided documents, indicate who may have possession or control of such testing documents or where such documents may be located.                                                                   |
|     | SEE ATTACHED DOCUMENTS                                                                                                                                                                                                                                     |
| 28. | If you or someone on your behalf did not conduct any testing or sampling for the presence of asbestos or other particulates on the property, to the best of your knowledge, did anyone else conduct such testing or sampling with respect to the property? |
|     | ☐ Yes ☑ No                                                                                                                                                                                                                                                 |
| 29. | If you responded Yes to question 26. or 28. and you have not supplied related documents, please describe when and by whom and the type of testing and/or sampling (e.g. air, bulk and dust sampling).                                                      |
|     | Company/Individual N/A                                                                                                                                                                                                                                     |
|     | Year Type of testing:                                                                                                                                                                                                                                      |
|     | Company/Individual                                                                                                                                                                                                                                         |
|     | Year Type of testing:                                                                                                                                                                                                                                      |
|     | Company/Individual                                                                                                                                                                                                                                         |
|     | Year Type of testing:                                                                                                                                                                                                                                      |
| 20  | Has the Grace product or products for which you are making this claim ever been modified and/or disturbed?                                                                                                                                                 |
| 50. | ☐ Yes ☑ No                                                                                                                                                                                                                                                 |
| 31. | If yes, specify when and in what manner the Grace product or products was modified and/or disturbed?                                                                                                                                                       |
|     | Description SEE ATTACHED EXPLANATION                                                                                                                                                                                                                       |
|     | Year                                                                                                                                                                                                                                                       |
|     | Year Description                                                                                                                                                                                                                                           |
|     | Description                                                                                                                                                                                                                                                |

| Đ.  | Category 2 Claim: Allegation With Respect To O<br>Milling Or Processing Opera                          |                                               |
|-----|--------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 32. | What is the business address or location of the Grace operation                                        | which has led to your claim?                  |
|     | Business Name                                                                                          |                                               |
|     | Business Name                                                                                          |                                               |
|     | Street Address                                                                                         |                                               |
|     |                                                                                                        |                                               |
|     | City                                                                                                   | State Zip Code                                |
|     |                                                                                                        | (Province) (Postal Code)                      |
|     | Country                                                                                                |                                               |
| 33. | If your claim relates to a personal residence, does (or did) anyon                                     | ne living in the household work for Grace?    |
|     | ☐ Yes ☐ No                                                                                             |                                               |
| 24  | The same of the following for each makindividual.                                                      |                                               |
| 34. | If yes, specify the following for each such individual:  Name of Individual Working at Grace Operation | Name of Individual Working at Grace Operation |
|     |                                                                                                        |                                               |
|     | Date of Birth                                                                                          | Date of Birth                                 |
|     |                                                                                                        |                                               |
|     | Month Day Year Occupation(s) of Individual                                                             | Month Day Year Occupation(s) of Individual    |
|     |                                                                                                        |                                               |
|     | Dates Worked at Operation                                                                              | Dates Worked at Operation                     |
|     | From: To: Year Year                                                                                    | From: To: Year Year                           |
|     | Name of Individual Working at Grace Operation                                                          | Name of Individual Working at Grace Operation |
|     |                                                                                                        |                                               |
|     | Date of Birth                                                                                          | Date of Birth                                 |
|     | Month Day Year                                                                                         | Month Day Year                                |
|     | Month Day Year  Occupation(s) of Individual                                                            | Occupation(s) of Individual                   |
|     |                                                                                                        |                                               |
|     | Dates Worked at Operation                                                                              | Dates Worked at Operation                     |
|     | From: Year Year                                                                                        | From: Year Year                               |
| 35  | . When did you first know of the presence of asbestos on your p                                        | roperty? Year                                 |

| _   |                                                                                                                                                                                                                                                                                                                                                             |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 36. | How did you first learn of the presence of asbestos on your property?                                                                                                                                                                                                                                                                                       |
|     |                                                                                                                                                                                                                                                                                                                                                             |
|     |                                                                                                                                                                                                                                                                                                                                                             |
|     |                                                                                                                                                                                                                                                                                                                                                             |
|     |                                                                                                                                                                                                                                                                                                                                                             |
|     | Attach all documents relating or referring to the presence of asbestos on the property. If the documents are too voluminous to attach, attach a summary of the documents indicating the name of each document, date of each document, a brief description of the document, the location of the document, and who has possession or control of the document. |
|     | If you provide a summary of the documents rather than the documents themselves, you are required to consent to the production and release of those documents to Grace upon Grace's further request.                                                                                                                                                         |
| 37. | If you do not have any documents relating or referring to the presence of asbestos on the property, explain why not and indicate who may have possession or control of any such documents with respect to the property.                                                                                                                                     |
|     |                                                                                                                                                                                                                                                                                                                                                             |
|     |                                                                                                                                                                                                                                                                                                                                                             |
| 38. | Have you or anyone on your behalf made an effort to remove, contain and/or abate the asbestos on your property?                                                                                                                                                                                                                                             |
|     | ☐ Yes ☐ No                                                                                                                                                                                                                                                                                                                                                  |
|     | If Yes, attach all documents relating or referring to such efforts. If the documents are too voluminous to attach, attach a summary of the documents indicating the name of each document, date of each document, a brief description of the document, the location of the document, and who has possession or control of the document.                     |
|     | If you provide a summary of the documents rather than the documents themselves, you are required to consent to the production and release of those documents to Grace upon Grace's further request.                                                                                                                                                         |
| 39. | If you do not have any documents relating or referring to the removal, containment and/or abatement of the asbestos on your property, explain why not and indicate who may have possession and control of such documents with respect to the property.                                                                                                      |
|     |                                                                                                                                                                                                                                                                                                                                                             |
|     |                                                                                                                                                                                                                                                                                                                                                             |
| 40. | . If you or someone on your behalf did not make an effort to remove, contain and/or abate the asbestos on your property, to the                                                                                                                                                                                                                             |
|     | best of your knowledge, did anyone else make such an effort?                                                                                                                                                                                                                                                                                                |
|     | ☐ Yes ☐ No                                                                                                                                                                                                                                                                                                                                                  |

| 41. | If you responded Yes to question 38. or question 40. and you have not supplied related documents, please specify the dates and descriptions of any such efforts.                                                                                                                                                                        |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | Year Description                                                                                                                                                                                                                                                                                                                        |
|     | Year Description                                                                                                                                                                                                                                                                                                                        |
|     | Year Description                                                                                                                                                                                                                                                                                                                        |
| 42. | Have you or anyone on your behalf conducted any other testing or sampling for the presence of asbestos on your property?                                                                                                                                                                                                                |
|     | ☐ Yes ☐ No                                                                                                                                                                                                                                                                                                                              |
|     | If Yes, attach all documents relating or referring to such efforts. If the documents are too voluminous to attach, attach a summary of the documents indicating the name of each document, date of each document, a brief description of the document, the location of the document, and who has possession or control of the document. |
|     | If you provide a summary of the documents rather than the documents themselves, you are required to consent to the production and release of those documents to Grace upon Grace's further request.                                                                                                                                     |
| 43. | If you do not have any documents relating or referring to any other such testing or sampling for the presence of asbestos on your property, explain why not and indicate who may have possession or control of such documents with respect to the property.                                                                             |
|     |                                                                                                                                                                                                                                                                                                                                         |
| 44. | . If you or someone on your behalf did not conduct any other testing or sampling for the presence of asbestos on your property,                                                                                                                                                                                                         |
|     | to the best of your knowledge, did anyone else conduct such testing or sampling?  Yes No                                                                                                                                                                                                                                                |
| 45  | . If you responded Yes to question 42. or question 44. and you have not supplied related documents, please specify the dates and descriptions of any such efforts.                                                                                                                                                                      |
|     | Description   Year                                                                                                                                                                                                                                                                                                                      |
|     | Description                                                                                                                                                                                                                                                                                                                             |
|     | Year  Description                                                                                                                                                                                                                                                                                                                       |
|     | Year                                                                                                                                                                                                                                                                                                                                    |
| 4€  | 6. Were you aware of the presence of asbestos on your property when you purchased your property?  ☐ Yes ☐ No                                                                                                                                                                                                                            |
| 4   | 7. If you have sold the property, were you aware of the presence of asbestos on your property when you sold your property?                                                                                                                                                                                                              |
|     |                                                                                                                                                                                                                                                                                                                                         |

# ASTESTOS LITUCATION AND CLAIMS INTRODUCTION 1. Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim? ☐ No Yes - lawsuit ☐ Yes - non-lawsuit claim (other than a workers' compensation claim) 2. Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim? ☐ No ☐ Yes - lawsuit Yes - non-lawsuit claim (other than a workers' compensation claim) If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below. If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page. LAWSUITS 1. Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed. a. Caption GRACE LABAMA Docket No.: 1 b. Court where suit originally filed: US County/State c. Date filed: 0 Month a. Caption Docket No .: b. Court where suit originally filed: County/State c. Date filed: Month Day Year a. Caption Docket No.: b. Court where suit originally filed: County/State c. Date filed:

(Attach additional pages if necessary.)

Month Day

| NON-LAWSUIT CLAIMS                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If the claiming party has made any claims relating to the property for which you are making a claim (including administrative claims) against anyone, that was not filed with a court of law, please provide the following information for each claim: |
| a. Description of claim:  BANKRUPTCY CLAIM                                                                                                                                                                                                             |
| b. Date submitted: 07 - 27 - 1993 Month Day Year                                                                                                                                                                                                       |
| c. Name of entity to whom claim was submitted:  Grace                                                                                                                                                                                                  |
| © CELOTEX                                                                                                                                                                                                                                              |
| Name of Entity                                                                                                                                                                                                                                         |
| a. Description of claim: BANKRUPTCY CLAIM                                                                                                                                                                                                              |
| b. Date submitted: 01 - 29 - 1985  Month Day Year  c. Name of entity to whom claim was submitted:  Grace                                                                                                                                               |
| JOHNS-MANVILLE                                                                                                                                                                                                                                         |
| Name of Entity                                                                                                                                                                                                                                         |
| a. Description of claim:  BANKRUPTCY CLAIMS                                                                                                                                                                                                            |
| b. Date submitted: 07 - 06 - 1992  Month Day Year                                                                                                                                                                                                      |
| c. Name of entity to whom claim was submitted:  □ Grace                                                                                                                                                                                                |
| I Other NATIONAL GYPSUM                                                                                                                                                                                                                                |
| Name of Entity                                                                                                                                                                                                                                         |
| PART 5: SIGNATURE PAGE                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                        |

All claims must be signed by the claiming party.

1.

I have reviewed the information submitted on this proof of claim form and all documents submitted in support of my claim. I declare, under penalty of perjury,\* that the above statements are true, correct, and not misleading.

CONSENT TO RELEASE OF RECORDS AND INFORMATION: To the extent that I have produced a summary rather than the documents themselves as requested above or indicated who has possession and control of certain documents, I hereby authorize and request that all other parties with custody of any documents or information concerning my property damage or the information contained in this Form, upon the reasonable request of Grace or Grace's representative, with a copy to the claiming party, disclose any and all records to Grace or to Grace's representative.

SIGNATURE OF CLAIMAN Nonth Day Year

\*The penalty for presenting a fraudulent claim is a fine up to \$500,000.00 or imprisonment up to 5 years, or both.

18 U.S.C. §§ 152 & 3571.

9276110

Claims Processing Agent Re: W.R. Grace Bankruptcy P.O. Box 1620 Faribault, MN 55021-1620

RE: Dana Hall Claim

## **EXPLANATION**

#### PART 3: PROPERTY INFORMATION

Have you or has someone on your behalf completed any interior 10. renovations on the property which affected any asbestos on the property?

To the best of our knowledge, no asbestos has been affected by any Answer:

interior renovations. However, it is impossible to say with certainty that interior renovations have never "affected" the asbestos in some manner.

22. Have you or someone on your behalf made an effort to remove, contain and/or abate the Grace product for which you are making this claim?

Answer: This information is still being researched. It is currently unclear whether

> abatements, if any, were of the Grace product for which a claim is being filed. At least some of the Grace product is still in place. (Attach. 4)

Has the Grace product or products for which you are making this claim 30. ever been modified and/or disturbed?

To the best of our knowledge, the product has not been modified or Answer:

intentionally disturbed. Maintenance work or office renovations have taken place from time to time that may have inadvertently disturbed the

material.

### **NON-LAWSUIT CLAIMS**

In addition to the claims listed on the claim form, the State of Washington filed claims on behalf of all state buildings in the following bankruptcies:

**Armstrong World Industries** Eagle Picher

Claim filed on 08/29/01 Claim filed on 09/30/92